



U.S. Department of State

**ALLOTMENT OF PAY/PRIOR SERVICE CREDIT APPLICATION AND  
AUTHORIZATION TO MAKE, CHANGE, OR DISCONTINUE**

1. U.S. Department or Agency <b>U.S. EMBASSY</b>		2. Bureau or Service <b>AF</b>		3. Retirement System <input type="checkbox"/> CSRS <input type="checkbox"/> FERS <input type="checkbox"/> FSR <input type="checkbox"/> FSPS	
4. Name of Allotter (Last, First, MI.) <b>OAG, AHUEYI KENDRICK</b>				5. Employee or Social Security Number <b>006805822</b>	
6. Duty Station <b>ABUJA</b>					
7. NATURE OF ACTION REQUESTED <input type="checkbox"/> FS Prior Service Credit <input type="checkbox"/> CS Prior Service Credit <input checked="" type="checkbox"/> Allotment of Pay <input type="checkbox"/> Emergency Evacuation Allotment					
Allotment Each Pay Period <b>\$20,000 =</b>		From: <b>\$50 =</b>		To: <b>\$20,000 =</b>	
Type of Depositor Account <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Saving					
Name and Address of Financial Institution <b>AMEEMCA UBA NIC PLC NICON LUXURY, ABUJA</b>				Routing/EIN Number	
				Depositor Account Number <b>10240353 11</b>	
8. AUTHORIZATION BY ALLOTTER I hereby request and authorize a regular allotment to be <input checked="" type="checkbox"/> made, <input type="checkbox"/> changed, <input type="checkbox"/> discontinued, subject to approval, to be effective as indicated above, until altered by me in writing; or, an emergency evacuation allotment to be effective when countersigned by me, or if absent from the Post at time of evacuation, by the Post Administrative Officer; and I hereby release whatever claim to payment of salary I would otherwise have for the amount of this allotment and I also relinquish all right, privilege, and power to make a further allotment presented by this allotment, once the United States has issued a check payable to the allottee for this allotment.					
A. Signature of Allotter in Full (Sign Original Only) 				Date (mm-dd-yyyy) <b>8/16/2021</b>	
B. Countersigned (Allotter - Administrative Officer)				Date (mm-dd-yyyy)	
9. ADMINISTRATIVE ACTION					
Appropriation				Date (mm-dd-yyyy)	
10. APPROVED, RECORDED, AND FORWARDED					
A. Title of Officer Responsible for Preparation of Payroll		B. Signature of Officer Responsible for Preparation of Payroll (Type Name and Sign all Copies)			Date (mm-dd-yyyy)
WARNING: Disclose to Authorized Persons Only (22 CFR 171.32J(4)) Contains Information Protected by the PRIVACY ACT OF 1974					